

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the linesAmerican Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

ADDRESS (number and street)

1111 North Fairfax St.

☐Check if different
than previously
reported. (ACC)

Alexandria

VA

22314

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00012880

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☒

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2010

through

01

31

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mr Justin Moore

Signature of Treasurer

Electronically Filed by Mr Justin Moore

Date

02

12

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 15

Write or Type Committee Name

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

Report Covering the Period:

From:

M M
0 1D D
0 1Y Y Y Y
2 0 1 0

To:

M M
0 1D D
3 1Y Y Y Y
2 0 1 0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2010		539912.17
(b) Cash on Hand at Beginning of Reporting Period	539912.17	
(c) Total Receipts (from Line 19)	36882.23	36882.23
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	576794.40	576794.40
7. Total Disbursements (from Line 31)	3000.00	3000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	573794.40	573794.40
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE **OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	12308.33	12308.33
(ii) Unitemized	24462.90	24462.90
(iii) TOTAL (add Lines 11(a)(i) and (ii)	36771.23	36771.23
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	36771.23	36771.23
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	111.00	111.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	36882.23	36882.23
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	36882.23	36882.23

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3000.00	3000.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	3000.00	3000.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3000.00	3000.00	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	36771.23	36771.23
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	36771.23	36771.23
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Ms. Erin McGuire

Mailing Address 6711 Forest Lawn Dr Ste 104

City

Los Angeles

State

CA

Zip Code

90068-1032

FEC ID number of contributing
federal political committee.

C

Name of Employer
Back in Balance

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 1 / 2 0 1 0

Transaction ID: 33002980

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Paul Michael McGhee

Mailing Address 6880 Canaan Center Rd

City

Wooster

State

OH

Zip Code

44691-7748

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wooster Orthopaedics & Sports Medicine

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 7 / 2 0 1 0

Transaction ID: 33011808

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Craig Steven Fava

Mailing Address 140 Oakview Dr

City

Media

State

PA

Zip Code

19063-2112

FEC ID number of contributing
federal political committee.

C

Name of Employer
Parrot Physical Therapy

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 8 / 2 0 1 0

Transaction ID: 33036395

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Ms. Sheree Chapman York

Mailing Address 313 Delcris Ct

City

Birmingham

State

AL

Zip Code

35226-1978

FEC ID number of contributing
federal political committee.

C

Name of Employer
CHSYS

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037195

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Robert R Huhn

Mailing Address 1348 Crestline Dr

City

Santa Barbara

State

CA

Zip Code

93105-4607

FEC ID number of contributing
federal political committee.

C

Name of Employer
Human Performance Center

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33037888

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Randall G. Johnson

Mailing Address 2904 4th Ave Ne

City

Puyallup

State

WA

Zip Code

98372-7053

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apple Physical Therapy

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 1 0

Transaction ID: 33039567

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Peter J McMenamin

Mailing Address 130 N Garland Ct Apt 3805

City

Chicago

State

IL

Zip Code

60602-4836

FEC ID number of contributing
federal political committee.

C

Name of Employer
Physical Therapy Chicago

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 1 0

Transaction ID: 33177381

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Jerry Klug

Mailing Address 1475 1st Ave SW

City

Jacksonville

State

AL

Zip Code

36265-3337

FEC ID number of contributing
federal political committee.

C

Name of Employer
AL Physical Rehab Service

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.33

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 1 0

Transaction ID: 33177391

Amount of Each Receipt this Period

208.33

C.

Full Name (Last, First, Middle Initial)

Olive Whitehead

Mailing Address PO Box 37

City

Jackson

State

AL

Zip Code

36545-0037

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Actions

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 1 0

Transaction ID: 33177412

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

708.33

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Janice D. Smith

Mailing Address 1555 California St Apt 407

City

Denver

State

CO

Zip Code

80202-4275

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 1 / 2 0 1 0

Transaction ID: 33177421

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

John G. Wallace, Jr.

Mailing Address 209 Westvale Rd

City

Duarte

State

CA

Zip Code

91010-1304

FEC ID number of contributing
federal political committee.

C

Name of Employer
BMS

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 1 / 2 0 1 0

Transaction ID: 33177434

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Belinda Hays

Mailing Address PO Box 1192

City

Seymour

State

IN

Zip Code

47274-3792

FEC ID number of contributing
federal political committee.

C

Name of Employer
Progressive Physical Ther-
apy

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 1 / 2 0 1 0

Transaction ID: 33177443

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Stephen Mark Levine

Mailing Address 7520 NW 12th St

City

Plantation

State

FL

Zip Code

33313-5922

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rehabilitation Consulting
& Resource I

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 1 0

Transaction ID: 33177466

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Drew G. Bossen

Mailing Address 4191 Westcott Dr NE

City

Iowa City

State

IA

Zip Code

52240-7788

FEC ID number of contributing
federal political committee.

C

Name of Employer
Progressive Rehab Associa-
tes

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 1 0

Transaction ID: 33177469

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Paul A Rockar, Jr.

Mailing Address 3911 Murry Highlands Cir

City

Murrysville

State

PA

Zip Code

15668-1734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Centers for Rehab Services

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 1 0

Transaction ID: 33196437

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

3250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Mr. Paul D. Gaspar

Mailing Address 748 Lynwood Dr

City

Encinitas

State

CA

Zip Code

92024-2389

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gaspar Physical Therapy

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 8 / 2 0 1 0

Transaction ID: 33326139

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Daniel Lilley

Mailing Address 800 Compton Rd Unit 3

City

Cincinnati

State

OH

Zip Code

45231-3846

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 8 / 2 0 1 0

Transaction ID: 33326757

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Craig Johnson

Mailing Address 916 W Minnehaha Pkwy

City

Minneapolis

State

MN

Zip Code

55419-1221

FEC ID number of contributing
federal political committee.

C

Name of Employer
Premier Physical Therapy

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 8 / 2 0 1 0

Transaction ID: 33330188

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Joy R. Karges

Mailing Address 707 S Horizon Ln

City

Sioux Falls

State

SD

Zip Code

57106-4618

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of South Dakota

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 5 / 2 0 1 0

Transaction ID: 33330190

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey Ostrowski

Mailing Address 420 Bainbridge St

City

Philadelphia

State

PA

Zip Code

19147-1568

FEC ID number of contributing
federal political committee.

C

Name of Employer
Excel Physical Therapy

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 1 0

Transaction ID: 33330201

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Adele W. Potter

Mailing Address 1402 Patten Mills Rd

City

Fort Ann

State

NY

Zip Code

12827-1721

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 7 / 2 0 1 0

Transaction ID: 33330203

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Carol-Jo Tichenor

Mailing Address 11478 Cull Canyon Rd

City

Castro Valley

State

CA

Zip Code

94552-9525

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 1 / 2 0 1 0

Transaction ID: 33330219

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Kenneth Louis Clouston

Mailing Address 2423 Bluffs Ridge Dr

City

Gillette

State

WY

Zip Code

82718-5649

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 1 0

Transaction ID: 33355969

Amount of Each Receipt this Period

1100.00

C.

Full Name (Last, First, Middle Initial)

Ms. Lola Anne Sicard Rosenbaum

Mailing Address 118 Shadowood Dr

City

Warner Robins

State

GA

Zip Code

31088-6613

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 1 0

Transaction ID: 33359395

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

Ann A. Ryan

Mailing Address 7415 Fernbrook Ln N

City

Maple Grove

State

MN

Zip Code

55311-2700

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 5 / 2 0 1 0

Transaction ID: 33359396

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Patricia A. Traynor

Mailing Address 362 W Radcliffe Dr

City

Claremont

State

CA

Zip Code

91711-2837

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 9 / 2 0 1 0

Transaction ID: 33359404

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

12308.33

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 / 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A. Full Name (Last, First, Middle Initial)
Allyson Schwartz for Congress

Mailing Address 38 Ivy Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name
Allyson Schwartz

Office Sought: ☒ House
☐ Senate
☐ President

State: PA District: 13

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 33238934

Date of Disbursement

01 / 26 / 2010

Amount of Each Disbursement this Period

2000.00

B. Full Name (Last, First, Middle Initial)
Friends Of Phil Hare

Mailing Address 224 18th Street
P.O. Box 4183

City Rock Island State IL Zip Code 61204

Purpose of Disbursement

Candidate Name
Rep. Phil Hare

Office Sought: ☒ House
☐ Senate
☐ President

State: IL District: 17

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 33330547

Date of Disbursement

01 / 28 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

3000.00